

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		3/31/98
FORMALITY REVIEW	<i>[Signature]</i>	1135 3	4/6/98

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/1/98
2	✓	✓	7/1/98
3	✓	✓	7/1/98
4	✓	✓	7/1/98
5	✓	✓	7/1/98
6	✓	✓	7/1/98
7	✓	✓	7/1/98
8	✓	✓	7/1/98
9	✓	✓	7/1/98
10	✓	✓	7/1/98
11	✓	✓	7/1/98
12	✓	✓	7/1/98
13	✓	✓	7/1/98
14	✓	✓	7/1/98
15	✓	✓	7/1/98
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18	✓	✓	7/1/98
19	✓	✓	7/1/98
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21	✓	✓	7/1/98
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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